

Department of Human Services
Bureau of Human Service Licensing

May 27, 2022

[REDACTED], PRESIDENT OF SENIOR LIVING
[REDACTED]
[REDACTED]
[REDACTED]

RE: ANTHOLOGY OF KING OF PRUSSIA
350 GUTHRIE ROAD
KING OF PRUSSIA, PA, 19406
LICENSE/COC#: 14788

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/30/2022, 03/31/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: ANTHOLOGY OF KING OF PRUSSIA License #: 14788 License Expiration: 03/23/2023
Address: 350 GUTHRIE ROAD, KING OF PRUSSIA, PA 19406
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 12/08/2020 Issued By: Upper Merion Twp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 84 Waking Staff: 63

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 03/31/2022

Inspection Dates and Department Representative

03/30/2022 - On-Site: [REDACTED]
03/31/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 128 Residents Served: 52

Secured Dementia Care Unit

In Home: Yes Area: 4th floor Capacity: 28 Residents Served: 22

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 32 Have Physical Disability: 0

Inspections / Reviews

03/30/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/22/2022*

05/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/03/2022*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 3/31/22 the home's current license, dated 03/23/22 to 03/23/23, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Current license was posted at time of inspection 3/31/22. (Attachment A). Executive Director will post current licenses each year prior to the date each takes effect.

Completion Date: 03/31/2022

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/8/22 at 8am, 3/9/22 at 8am and 8pm, 3/27/22 at 8pm, 3/29/22 at 8am and 3/30 at 8am, the home did not administer [REDACTED] and [REDACTED] as prescribed to resident #1. The home did not have the prescribed medications available in the home due to a pharmacy issue/delay. The home did not submit an incident report to the Department.

Plan of Correction

Accept

On 4/20/22 a training was held for all medication technicians where the process for notifications regarding medication reports was reviewed, including notification to the Director of Health and Wellness (DHW) or her designee, and DHS. (Attachment B).

Director of Health and Wellness will monitor medication reports weekly to ensure procedure is being followed and timely submissions of reports to DHS if required. Executive Director (ED) will complete random audits to ensure ongoing compliance. The CQI committee will review no less than quarterly.

Completion Date: 04/20/2022

26b - Quality Management Plan Content

1. Requirements

2600.

- 26.b. The quality management plan shall address the periodic review and evaluation of the following:
1. The reportable incident and condition reporting procedures.
 2. Complaint procedures.
 3. Staff person training.
 4. Licensing violations and plans of correction, if applicable.
 5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management review dated 01/05/2022, 10/07/2021, and 7/01/2021 did not address reportable

26b - Quality Management Plan Content (continued)

incident and condition reporting procedures, staff person training, licensing violations and plans of correction.

Plan of Correction**Accept**

The Quality Management Plan has been revised to include all appropriate elements. (Attachment C). The next quarterly meeting will be held on 5/17/22 and will include review and discussion of reportable events, required staff training, and licensing violations.

Completion Date: 04/20/2022

44g - Telephone Number**1. Requirements**

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

On 3/31/22, the telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

The board with required postings was moved to a more conspicuous and public near the entry vestibule posted on day of inspection. (Attachment D).

Completion Date: 03/31/2022

54a - Direct Care Staff**1. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A and B, do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction**Accept**

Documentation of HS graduation obtained from staff person A was obtained immediately. (Attachment E). Staff member A has been removed from the caregiver and medication technician schedule until she can produce documentation of her high school diploma or CNA.

Pre-hire record checklist was revised to include provision of high school diploma, GED or CNA certification before a direct care staff member can be onboarded by Business Office Director (BOD).

The BOD will complete weekly audits with the ED completing random audits to ensure ongoing compliance.

Monitored monthly by ED with Business Office Director to ensure compliance. (Attachment F)

An audit of all direct care staff records to confirm compliance with this regulation will be done no later than 5/5/2022. Any potentially missing documents will be resolved no later than 5/10/2022

Completion Date: 05/10/2022

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was [REDACTED], did not receive orientation on the following topics until 3/8/22: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person C, whose first day of work was [REDACTED], did not receive orientation on the following topics until 11/9/21: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction**Accept**

New staff since the 3/30 and 3/31/2022 attended orientation during their first work day, 04/12/2022 which included fire safety training and all seven elements required by regulation. (Attachment G)

BOD and ED will review orientation checklist for all new staff members and sign off upon completion. (Attachment H)

Pre-hire record checklist (Attachment F) revised to include scheduling all new staff for orientation that included fire and safety training upon first day. Monitored weekly by BOD and audited monthly by the ED. to ensure compliance. New hire orientation scheduled at least monthly and more often if necessary to ensure all new staff have appropriate training.

Completion Date: 04/29/2022

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.

65b - Rights/Abuse 40 Hours (continued)

- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed his/her 40th scheduled work hour on 2/21/22. However, this staff person did not complete training in the following topics until 3/8/22; resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person C completed his/her 40th scheduled work hour on 08/09/2021. However, this staff person did not complete training in the following topics until 11/9/21; resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept

New staff being since 3/30/2022 and 3/31/2022 inspection attended orientation their first work day, which included topics of: Resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions. (Attachment G)

BOD and ED review orientation checklist for all new staff members and sign off upon completion. (Attachment H)

Pre-hire record checklist (Attachment F) revised to include scheduling all new staff for orientation that includes resident rights and abuse, emergency medical plan and reporting of incidents within their first 40 hours. Monitored monthly by ED and BOD to ensure compliance.

New hire orientation scheduled at least monthly and more often if necessary to ensure all new staff are compliant.

Completion Date: 04/29/2022

85a - Sanitary Conditions

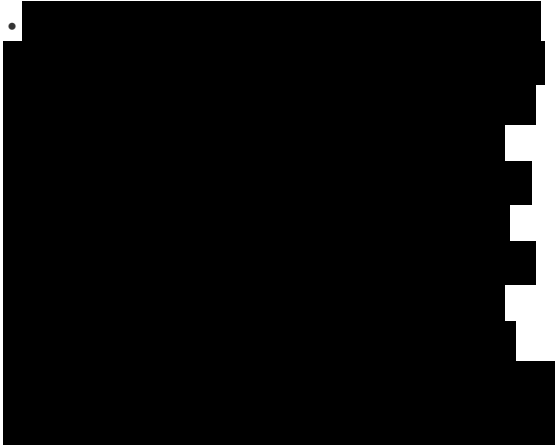
1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The following instances of a shared glucometer were observed during inspection on 3/31/21. The following glucose levels recorded on resident #2's MAR are found in resident #3's glucometer:

- 

85a - Sanitary Conditions (continued)

• [REDACTED]

Plan of Correction**Accept**

DHW provided education to medication technicians, upon completion on 3/31/22 and 4/1/2022

New glucometers were obtained for each resident who has orders for blood sugar checks on 4/7/2022. Each resident has individual supplies for diabetes.

Diabetes Education completed by all Medication Technicians on 4/20/2022 (Attachment I) and all signed off on procedure (Attachment J) This includes that each resident will have their own glucometer without sharing.

DHW or her designee will complete a monthly audit to include 25% of those residents with orders to monitor blood sugars. The audits will begin no later than 5/2/2022.

Completion Date: 05/02/2022

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 3/17/21.

Plan of Correction**Accept**

Emergency procedures were submitted to Fire Marshall at time of inspection on 3/30/2022. (Attachment K)

Executive Director will submit each year prior to the one year anniversary of each year's submission. The Director of Plant Operations (DPO) will assist in monitoring compliance with and audit being conducted by the ED.

Completion Date: 03/30/2022

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 12/30/21, 1/17/22; and 2/14/22 does not include the following information: the exits used for evacuation, number of residents in the home at time of drill, number of residents evacuated, and number of staff participating in drill.

Plan of Correction**Accept**

Effective April 2022, fire drills will use the DHS provided form that includes all appropriate and required information. (Attachment L)

Completion Date: 04/30/2022

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, D and E, have not successfully completed the Department-approved medications administration course and are not otherwise licensed or certified, administered medications to residents of the personal care home on the following dates:

Staff Person A: 3/1 to 3/4, 3/7 to 3/9, 3/11 to 3/12, 3/14, 3/16 to 3/18, 3/22 to 3/23

Staff Person D: 2/1 to 2/4, 2/7 to 2/9, 2/15 to 2/18, 2/21 to 2/23, 2/25 to 2/27 and multiple dates in March 2022.

Staff Person E: 3/5, 3/6, 3/10, 3/13, 3/15, 3/20, 3/21, 3/24, 3/25

Plan of Correction

Accept

Staff persons A and D provided certificates of completion for medication administration course on 3/31/2022. Staff person E provided certification on 4/20/2022. (Attachment M)

Observation of staff member A completed on 3/30/2022 Observation of staff member D completed on 3/31/2022.

Observation of staff member E completed on 4/6/2022. (Attachment O).

Observations of all medication technicians will be completed by 4/30/2022 to include new staff. DHW and Memory Care Director will monitor certificates and documentation of observations as appropriate.

Observations of all medication technicians will be completed by 4/30/2022 to include new staff.

New Hire Checklist was amended to include training certificates prior to assuming medication technician responsibilities. (Attachment H).

BOD will monitor with the ED, conducting monthly audits for assurance.

Completion Date: 04/22/2022

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 3/31/22 a small round brown tablet was found loose in the 2nd drawer of the 5th floor medication cart and a small

183e - Storing Medications (continued)

round blue tablet was found loose in a bag of medication bottles located in the 2nd drawer of the 4th floor SDCU medication cart.

On 3/31/22 the following instances of improper narcotic storage were observed:

- A [REDACTED] blister package belonging to resident 4 has tape on the back of the blister holding the narcotic in the package on blister number 21.
- A [REDACTED] blister package belonging to resident 5 has tape on the back of the blister holding the narcotic in the package on blister number 44, additionally, the medication is stuck to the tape.
- A [REDACTED] blister package belonging to resident 6 has tape on the back of the blister holding the narcotic in the package on blister number 14, additionally, the medication is stuck to the tape.

Plan of Correction**Accept**

Any loose tablet in the medication cart was removed and destroyed at time of inspection 3/31/2022)
Blister packages where packaging is punctured or torn on any narcotic will have the tablet removed and documented, with destruction appropriately.

Medication technicians were in-serviced on 4/20/2022. (Attachment N)

All new medication technicians will be given the procedure at the time of medication technician assumption of responsibility.

Weekly cart audits will be performed weekly with DHW, nurse or Resident Care Coordinator (RCC) to ensure compliance

Completion Date: 04/22/2022

184a - Labeling OTC/CAM**1. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 has an order for [REDACTED] - The medication administration record directions and the physicians orders read- take 0.5 tablet (12.5mg total dose) by mouth in the evening for mood and take one tablet by mouth at bedtime for mood. The pharmacy label on residents medication read- take 0.5 tablet (12.5mg) twice daily and take 1 tablet at bed time.

Plan of Correction**Accept**

Change of direction sticker was placed on Resident #1's medication at the time of the inspection on 3/31/2022.
Medication was given correctly.

All medication technicians were in serviced on labeling OTC/CAM on 4/20/22. (Attachment P) All new medication

184a - Labeling OTC/CAM (continued)

technicians will be in serviced on the procedure at time of orientation and assumption of medication technician responsibilities.

Each medication technician will be assigned residents to audit and ensure all medications are present starting 4/30/2022. (Attachment Q)

DHW or designee will monitor randomly three residents monthly to ensure compliance.

Completion Date: 04/29/2022

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #7 is prescribed [redacted] - take [redacted] by mouth daily as needed constipation- medication is not present in the home on 3/31/22

Resident #7 is prescribed [redacted] - take 1 tablet by mouth every 8 hours as needed- medication is not present in the home on 3/31/22.

Resident #8 has on order for [redacted] - medication is not present on the medication cart on 3/31/21.

Resident #8 has an order for glucose checks to be done once daily. The following recordings do not match the residents meter readings:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept

Each medication technician will be assigned an audit of resident medication to ensure all prescribed medications are present.(Attachment Q)

If a PRN (as needed) medication is not used within 90 days, orders to discontinue will be requested as part of an ongoing process starting 4/30/2022. Glucometers were obtained for each resident who requires blood sugar checks as of 4/7/2022.

185a - Implement Storage Procedures (continued)

Diabetes education completed by all medication technicians on 4/20/2022 (Attachment I) and signed regarding procedures (Attachment J)

Completion Date: 04/20/2022

187d - Follow Prescriber's Orders**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is ordered to take [REDACTED] - take one tablet by mouth every morning. This medication was not administered on 3/29, 3/30 because the medication was not present in the home.

Resident #1 is prescribed [REDACTED] take 3 capsules by mouth every twelve hours. This medication was not administered on 3/8/22 at 8am, 3/9/22 at 8am and 8pm, 3/27/22 at 8pm, 3/29/22 at 8am.

Resident #2 has an order for Glucose checks to be completed 3 times a day scheduled for 8a-12p-5p.

There are no glucose levels recorded for resident #2 on the following dates/times:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Resident #3 does not have a current order for glucose checks to be completed at any time. The home has stored a glucometer belonging to resident 3 in the SDCU medication cart because resident had it at the time of admission. Staff person C reported that they were doing glucose checks on resident daily even though there were no orders because the resident is receiving a straight order of insulin daily and the staff person assumed a glucose check needed to be done in conjunction with the insulin injection. The glucose numbers were not recorded anywhere in resident 3's record and there are multiple readings in the glucometer through the month of March 2022, that do not match any other resident's glucose log.

Resident #7 is prescribed [REDACTED] - apply topically three times daily to sacrum. This medication is not present in the home on 3/31/22.

Resident #8 has on order for [REDACTED] - take one tablet by mouth daily. This medication is not present on the medication cart on 3/31/21.

Resident #8 has on order for [REDACTED] - take one tablet by mouth daily at bedtime. This medication is not present on the medication cart on 3/31/21.

Plan of Correction

All medication technicians were in serviced on procedure on 4/20/2022. (Attachment R)

Each medication technician will be assigned residents as part of an audit to ensure that all medications are present starting 4/30/2022. (Attachment Q)

Each resident has individual diabetic supplies.

Accept

187d - Follow Prescriber's Orders (continued)

Resident #3 had orders obtained for glucose checks on 4/8/2022.

Quality control meetings are enacted with pharmacy partner of review potential errors and resolve issues.

Completion Date: 04/29/2022

188b - Medication Error Reporting**1. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] - take one tablet by mouth every morning. This medication was not administered on 3/29, 3/30 because the medication was not present in the home, additionally, resident #1 is prescribed Tacrolimus Oral Capsule 0.5mg- take 3 capsules by mouth every twelve hours. This medication was not administered on 3/8/22 at 8am, 3/9/22 at 8am and 8pm, 3/27/22 at 8pm, 3/29/22 at 8am because the medication was not available in the home. The home did not report this medication error to the resident, the residents designated party, or to the residents prescriber.

Plan of Correction**Accept**

All medication technicians were in serviced on procedure on 4/20/2022. (Attachment R) All new medication technicians will be in serviced on the procedures as part of orientation and assumption of medication technician duties.

DHW will maintain these records and audit randomly to ensure compliance. If a medication is not available, the omission will be reported to the resident and/or his designated person and to the prescriber. (Attachment S)

DHW or designee will monitor weekly with ED completing monthly audits.

Completion Date: 04/20/2022

188c - Medication Error Documentation**1. Requirements**

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident #1 is prescribed [REDACTED] - take one tablet by mouth every morning. This medication was not administered on 3/29, 3/30 because the medication was not present in the home, additionally, resident #1 is prescribed Tacrolimus Oral Capsule 0.5mg- take 3 capsules by mouth every twelve hours. This medication was not administered on 3/8/22 at 8am, 3/9/22 at 8am and 8pm, 3/27/22 at 8pm, 3/29/22 at 8am because the medication was not available in the home. There is no documentation of the error or any contact with the residents prescriber in the resident's record.

188c - Medication Error Documentation (*continued*)**Plan of Correction****Accept**

All medication technicians were in serviced on medication procedures on 4/20/2022. (Attachment R) All new medication technicians will be in serviced as part of the orientation and assumption of medication technician responsibilities.

If a resident's medication is not available or missed the prescriber must be called and his response documented. (Attachment S)

The DHW will ensure appropriate documentation is available.

Completion Date: 04/20/2022

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff persons A, D and E have not successfully completed a department approved medication administration training courses. All three staff persons have administered resident medications to multiple residents in the months of February and March 2022 as documented on the resident medication administration records.

Plan of Correction**Accept**

Staff members A, D and E completed department-approved medication administration training with certificates being monitored by the DHW. (Attachment T).

DHW will maintain approved certification showing all medication technicians are in compliance.

New Hire Checklist was amended to include Medication Technician certificates prior to assuming role (Attachment H).

Completion Date: 04/29/2022

190b - Insulin Injections

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 3/14, 3/16, 3/17, 3/18, 3/22, 3/23 at 8:30pm, staff person A, who has not successfully completed the Department-approved medications administration course and has not successfully completed a Department-approved diabetes patient education program with in the last 12 months , administered insulin to resident #8.

On 3/15, 3/20, 3/21, 3/24, 3/25, 3/30 at 8:30pm, staff person E, who has not successfully completed the Department-approved medications administration course and has not successfully completed a Department-approved diabetes

190b - Insulin Injections (continued)

patient education program with in the last 12 months , administered insulin to resident #8.

Plan of Correction**Accept**

Staff members A and E completed the Diabetes patient education program on 4/20/2022 (Attachment U).

Copies of certificates will be kept in their employment files as part of their training records

Staff members A and E completed the requisite department approved medication administration course .(Attachment W)

The DHW will monitor and maintain all certifications for all new medication technicians who administer insulin to ensure ongoing compliance.

Completion Date: 04/20/2022

231c - Preadmission Screening**1. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED].

Plan of Correction**Accept**

DHW completed an audit of all residents in secure dementia unit on [REDACTED] and all but one has been completed within a 72 hour timeframe required by 231.c (Attachment X)

DHW will review compliance with ED monthly to ensure all new admissions have appropriate documentation.

Completion Date: 04/12/2022